

**Instructions to complete the “OMR MR and DS Waiver
Individual Service Authorization Request *Fax Submission Form*”
(DMH 885E 1205 rev. 6/27/2006)**

- 1) Fill in the name of your CSB/Behavioral Authority in the first blank above “Community Services Board.”
- 2) Fill in the date you are faxing the ISAR(s)/Resubmission information.
- 3) Check the box beside your designated Preauthorization Consultant.
- 4) Fax **ALL** ISAR(s) and/or Resubmission information to your assigned Preauthorization Consultant.
- 5) Fill in the blank with the name of your CSB/BHA designated contact person.
- 6) Then fill in the CSB/BHA phone number where the designated contact person can be reached. Follow this with the fax number where the fax verification form and any other pertinent communication will be sent.
- 7) List each individual for whom you are submitting ISAR(s) and/or resubmission information. Include first and last name.
- 8) Indicate in the next column to the right, the number of pages being faxed pertaining to the specific individual. ***Do not include the fax submission cover sheet in the count. This count is to ensure all pages you faxed concerning the individual were received.***
- 9) Mark the next two columns as appropriate. It is very important that these columns are marked as needed because ISAR(s)/Resubmission information is prioritized for processing accordingly.
 - ***Urgent*** should be marked if the situation warrants immediate attention (e.g., any emergency issue needing a response re: authorization within three working days).
 - ***Resubmission*** should be marked if faxing information requested by the Preauthorization Consultant.
- 10) Leave the remaining columns blank as they are for MR Office use only.